BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09833926

FILING DATE

APPLICANT(S)

CLAIMS

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CLAIMS	DEP.	<u> </u>						
	CLAIMS	<u> </u>	3 (46)		116			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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